vir 2X5 mg/kg body weight per day was reinstituted. Within 2 weeks, pneumonitis and pneumoperitonemone had completely resolved. We suggest that a smouldering gastrointestinal CMV disease proven by biopsy 8 weeks before and incompletely suppressed by oral acyclovir was the cause of pneumonitis in our patient. Leukocyte CMV immediate early antigen remained negative, but this is known in an isolated gastrointestinal CMV disease even if no specific suppressive therapy is used.3 Our observation is strikingly similar to the case reported by Mannes et al1 and emphasizes the fact mentioned by Rubin2 that gastrointestinal CMV infection may present in this peculiar form and may respond to antiviral treatment. An additional symptomatic therapeutic effect of metronidazole, however, cannot be excluded.

Annette Böhler, MD, Rudolf Speich, MD, Erich W. Russi, MD, FCCP, Christa Meyenberger, MD, and Walter Wander, MD; Department of Internal Medicine, Division of Pneumology and Gastroenterology, Department of Surgery, University Hospital Zürich, Switzerland

Reprint requests: Dr. Böhler, Dept. Int. Med., Div. of Pneumology, University Hospital, CH8097 Zürich, Switzerland

REFERENCES

Should Supplemental Estrogen be Used as Steroid-Sparing Agents in Women With Asthma?

To the Editor:

I read with interest in the July 1994 issue of Chest the report by Myers and Sherman1 because their report adds support to the reports of others for the conclusion that levels of sex hormones affect bronchial inflammation. For example, Rubio et al2 concluded after measuring levels of steroid hormones levels in women with asthma that “bronchial asthma is associated in a high proportion with abnormalities in the production or metabolism of steroid hormones in women during their reproductive life.” Therapeutically and similar to the report by Myers and Sherman,1 levels of sex hormones have been manipulated in women with asthma using danazol with beneficial results.3-5 Therefore, I agree with their conclusion that further studies concerning the role of sex hormones in women with asthma are needed.

Neil L. Kao, MD, University of Illinois College of Medicine, Rockford, Illinois

REFERENCES
1. Myers JR, Sherman CB. Should supplemental estrogens be used as steroid-sparing agents in asthmatic women? Chest 1994; 106:318-19

Management of Obstructive Sleep Apnea

To the Editor:

We read with interest the article in the July, 1993 issue of Chest by Coppola and Lawee1 concerning the use of portable sleep ap-